

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **097914977**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4	1					
5		1				
6		3				
7		0				
8		0				
9		0				
10		0				
11		0				
12		0				
13			1			
14				1		
15				1		
16			1			
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49						
50						
TOTAL IND.			3			
TOTAL DEP.			19			
TOTAL CLAIMS			22			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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TOTAL DEP.						
TOTAL CLAIMS						